

Form A

INCOME & EXPENSE AFFIDAVIT

(PETITIONER)

NO: _____ DIV. _____

VERSUS

THE FAMILY COURT

PARISH OF EAST BATON ROUGE

(DEFENDANT)

STATE OF LOUISIANA

PARISH OF _____
STATE OF LOUISIANA

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in this state and parish, personally appeared _____, who after being duly sworn, declared that the following figures and amounts are accurate to the best of his/her knowledge:

I. INCOME

Gross Monthly Income

| Source | Amount |
|-----------------------------------|-----------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total Gross Monthly Income | \$ _____ |

Itemized Payroll Deductions

| Source | Amount |
|---------------------------------|-----------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total Monthly Deductions | \$ _____ |

NET MONTHLY INCOME \$ _____

II. LIVING EXPENSES

| Type | Amount for Spouse/Parent | Amount for Child(ren) |
|-----------------------------|--------------------------|-----------------------|
| Rent/Mortgage Note | \$ _____ | \$ _____ |
| Food | \$ _____ | \$ _____ |
| Automobile Note | \$ _____ | \$ _____ |
| Clothing | \$ _____ | \$ _____ |
| Transportation (Fuel Costs) | \$ _____ | \$ _____ |
| Medical | \$ _____ | \$ _____ |
| Dental | \$ _____ | \$ _____ |
| Prescriptions | \$ _____ | \$ _____ |
| Household | \$ _____ | \$ _____ |
| Laundry | \$ _____ | \$ _____ |
| Personal Grooming | \$ _____ | \$ _____ |
| Electricity | \$ _____ | \$ _____ |

| | | |
|-----------------------|----------|----------|
| Gas | \$ _____ | \$ _____ |
| Water | \$ _____ | \$ _____ |
| Cable | \$ _____ | \$ _____ |
| Telephone | \$ _____ | \$ _____ |
| Cell Phone | \$ _____ | \$ _____ |
| Educational Expenses: | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| Other Expenses: | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

TOTAL MONTHLY LIVING EXPENSES \$ _____

III. FIXED DEBT

| <i>Obligee</i> | <i>Balance Due</i> | <i>Date of Last Payment</i> | <i>Monthly Payment</i> |
|----------------|--------------------|-----------------------------|------------------------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

TOTAL FIXED DEBT \$ _____ **TOTAL MONTHLY DEBT** \$ _____

AFFIANT SIGNATURE

SWORN TO AND SUBSCRIBED before me this ____ day of _____,
20____, at _____, Louisiana.

NOTARY PUBLIC